

State of Washington Application for a Water Right

For Ecology Use Fee Paid Date

delays.

Please follow the attached instructions to avoid unnecessary JUL 0 5 2001

Washington State Section 1. APPLICANT - PERSON, ORGANIZATION POR WATER SYSTEM City of Kalama Name Home Tel: (360) 673-3706 Mailing Address PO Box 1007 Work Tel:(360) 673-3706 State WA Zip+4 98625 City Kalama +1007 FAX:(360) 673-3707 Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION ☐ Same as above Name Carl M. McCrary Home Tel: (360) 673 - 4954 Mailing Address PO Box 1007 Work Tel: (360) 673 - 3706 State WA Zip+4 98625 + 1007 FAX:(360) 673 - 3707 City Kalama Relationship to applicant <u>Director of Public Works</u> Section 3. STATEMENT OF INTENT The applicant requests a permit to use not more than 775 additional; 3000 total (gallons per minute or \square cubic feet per second) from a \square surface water source or \square ground water source (check only one) for the purpose(s) . ATTACH A "LEGAL" Municipal use **DESCRIPTION OF THE PLACE OF USE**. (See instructions.) NOTE: A tax parcel number or a plat number is not sufficient. Estimate a maximum annual quantity to be used in acre-feet per year: 1301 additional; 3585 total Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed: From ___/___ to __ Section 4. WATER SOURCE If SURFACE WATER If GROUNDWATER Name the water source and indicate if stream, spring, A permit is desired for well(s). lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Existing Ranney Well Kalama River Number of diversions: Source flows into (name of body of water): Size & depth of well(s):

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Appl. No.:

12' x 25'

Priority Date: 7/5/01

Columbia River

Described in City of Kalama, Water Comprehensive Plan, September 1995. This plan is attached. Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION. Certificate Nos. G2-22092C and G2-27279C Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.) Number of "connections" requested: 3000 Type of connection Residential, Commercial & Indust (Homes, Apartment, Recreational, etc. Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. We are the approved water system. Complete C. and D. only if the proposed water system will have fifteen or more connections. Do you have a current water system plan approved by the	LOCAT	ION							
Ne									l to the nearest
Proceedings Date Received Priority Date	1/4 of	1/4 of	Section	Township	Range(E/W)	County	If loca		
For Ecology Use Date Received. Priority Date: SEPA: Exempt/Not Exempt FERC License By Date Returned By WRIA: Date Accepted As Complete By Date Returned By WRIA: Section 5. GENERAL WATER SYSTEM INFORMATION Name of system, if named: City of Kalama Briefly describe your proposed water system. (Sec instructions.) Described in City of Kalama, Water Comprehensive Plan, September 1995. This plan is attached. Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION. Certificate Nos. G2-22092C and G2-27279C Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.) Number of "connections" requested: 3000 Type of connection Residential, Commercial & Indust (Homes, Apartment, Recreational, etc. PY Section of the partment. We are the approved water system. Note: Regional water systems are identified by your County Health Department. Complete C. and D. only if the proposed water system will have fifteen or more connections. Do you have a current water system plan approved by the Washington State Department of Health? Proposed Water System and the current approved version of your plan.							Lot	Block	Subdivision
Dept of Health # Date Accepted As Complete By Date Returned By WRIA:	NE	SW	32	7N	1W	Cowlitz			
Dept of Health # Date Accepted As Complete By Date Returned By WRIA:	For Ecology	Use Date Re	eceived:		Priority	y Date:			
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Number of "connections" requested: 3000 Type of connection Residential, Commercial & Indust (Homes, Apartment, Recreational, etc. Are you within the area of an approved water system?	B. B. D. T. C. D. Pl. Section	riefly described in escribed in his plan in the plan i	e your propon City of sattached have any was CUMENTA	Kalama, Val. Atter rights or Ce PUBLIC	stem. (See ins Water Compr claims associa ertificate N	ehensive Plan, atted with this properties. G2-22092C	erty or syst and G2-2	em? 27279C	⊠ YES □ NO
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Washington State Department of Health? If yes, when was it approved? September 1995 Please attach the current approved version of your plan. APPLICATION	Comple	te C. and D	. only if th					more coi	nnections.
	W	ashington Sta	te Departme	ent of Health	?		nt approved	d version of	☑ YES □ NO f your plan.
				A		ON			

. 60			
D.	Do you have an approved conservation plan? If yes, when was it approved?1995 F	Please attach the current approved version of	☑ YES □ NO your plan.
	etion 7. IRRIGATION/AGRICULTURA omplete for all irrigation and agriculture		
A.	Total number of acres to be irrigated:		
B.	List total number of acres for other specified agricu	ıltural uses:	
	Use Acres_		
	Use Acres_		
	Use Acres Use Acres		
C.	Total number of acres to be covered by this applica	ation:	
D.	Family Farm Act (Initiative Measure Number 59, N Add up the acreage in which you have a controlling ‡ Acreage irrigated under water rights acqu ‡ Acreage proposed to be irrigated under th ‡ Acreage proposed to be irrigated under or	g interest, including only: nired after December 8, 1977; nis application;	7, Laws of 2001)
	 Is the combined acreage greater than 6000. Do you have a controlling interest in a Fam If yes, enter permit no:	nily Farm Development Permit?	☐ YES ☐ NO ☐ YES ☐ NO
E.	Farm uses: Stockwater - Total # of animals Ani Dairy - # Milking # Non-milking	imal type (If dairy cattle, se	e below)
	Section 8. WATER STORAGE		
Will yo	you be using a dam, dike, or other structure to retain o	r store water? Concrete & Steel Reservoirs	☑ YES □ NO
some pe	E: If you will be storing 10 acre-feet or more of water and/or portion of the storage will be above grade, you must also appartment of Ecology.		
Sect	tion 9. DRIVING DIRECTIONS		
At Inturn	de detailed driving instructions to the project site. Interstate 5, Exit #32, go west approximal and cross Modrow Bridge; go approximate ting Ranney Well is to the right.	9 /	
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Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Section 11. PROPERTY OWNERSHIP

A.	Does the applicant own the land on which the water will be use If no, explain the applicant's interest in the place of use and pro-		☐ YES EX NO the owner(s):
	We are a municipal purveyor.		
В.	Does the applicant own the land on which the water source is lo	cated?	XYES □ NO
	If no, submit a copy of agreement:		
to proc monito	fy that the information above is true and accurate to the best cess my application, I grant staff from the Department of Eco oring purposes. Even though I may have been assisted in the yees of the Department of Ecology, all responsibility for the a	logy access to the site for inspecti preparation of the above applicat	on and ion by the
Applic	MM Me how - City of Kalaman ant (or authorized representative)	July 2, 200/	
Cit	wher for place of use (if same as applicant, write "same")	Date	

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Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

Section 3.

We are requesting rights to additional water from our existing Ranney Well. Pumps are in place, and we are constructing a new water filtration plant adjacent to this source. The water will be used for: (1) Domestic/public supply (using human sanitation); (2) Fire flow for fire protection services; (3) Irrigation (applying water to land to enhance crop or plant growth; and (4) Industrial/manufacturing/commercial (using water in the fabrication or selling of products or goods).

Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s) incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:		
Please provide the additional information requested o	above and return your a	pplication by

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To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

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